MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND Primary Registration District No. 1002 Registrar's No. Registration District No. DO NOT WRITE ON THIS STUB AMENDED FLACE OF DEATHET 2 1 1963 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. COUNTY Jackson a. STATE Missourbi COUNTY VS 300 admission) ENDED Jackson Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits TOWN Kansas Citv 70 years TOWN Kansas City ¥ Yes) No 🗆 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm DATE HOSPITAL OR Blue Ridge Nursing Homes & No | **ADDRESS** 5208 Harris Yes 🗌 No 🕏 3. NAME OF DECEASED Middle 4. DATE Month (Type or print) October 6, 1963 FREDA ALMA ANDERSON DEATH 7. Married [] Never Married [| 8. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR 6. COLOR OR RACE 5. SEX Divorced | 11-23-1875 Months Widowed IX 87 Female White 10b. KIND OF BUSINESS OR INDUSTRY 11. BERTHPLACE (City and state or country) Ballenstead am Harz 10a, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) At Home U.S.A. Housewife Saxony, Germany 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 13a. FATHER'S NAME Marie Bamberg Charles J. Anderson Carl Schiele 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of servi Charles M. Anderson 4508 Vermont 120. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line OOCUMENT ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 RECORD IMMEDIATE CAUSE (a) ㅎ 11 INSTEAD Conditions, if any, 12 0/0which gave rise to above cause (a), Е stating the underlying cause last. DUE TO (c) ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal deceased there a pregnancy in last 90 days. disease condition given in PART I (a) **AMENDMENTS** ☐ Yes ☐ Unknown SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20a. ACCIDENT 19. WAS AUTOPSY PERFORMED? YES - NO -Month, Day, Year 20c. TIME OF - Hou RIBBON INJURY a.m. p.m. STATE 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY 20d. INJURY OCCURRED WHILE AT WORK IT farm, factory, street, office bldg., etc.) NOT WHILE AT WORK READ *IYPEWRITER* 21. I attended the deceased from 10 m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD New Yokhwar 22c. DATE SIGNED 8 (Degree or title) 22a, SIGNATURE 23d. LOCATION (City, fown, or county) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE

AFFIDA\

ВΥ

REMOVAL (Specify)

Freeman Mortuary

Burial

24. FUNERAL DIRECTOR

10-11-63

ADDRESS

Kansas City, No.

ġ

≦

25. DATE RECD. BY LOCAL REG.

10-7-

Mt. Moriah Cemetery

Kansas City, Missouri

26. REGISTRAR'S SIGNATURE

STATEMENT BY LICENSED EMBALMER

- L Y

or by			, Student Embalmer No	
working under my personal supervision.		\mathcal{Q}_{i}	Dieeno	
Student	Signature of Student Embalmer	_ Signed		
	Signatory of Stocker Emberma		Licensed Embalmer No. 2939	
,		• ,	. P. O. Address 5, C. 140	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.